

IN CONSUMER SERVICES REVIEW PROFILE - ADULT

1. GENERAL REVIEW INFORMATION

0. Record Number: _____
1. Person's Name: _____
2. County: _____
- Provider: _____
3. Counselor/Caseworker: _____
- Agency: _____
4. Review Date: ____/____/____
5. Reviewer: _____ Shadow: _____
6. Number of persons interviewed:

2. LIVING ARRANGEMENT

7. Living arrangement (*check only one*)
- ☐ Own/personal home
- ☐ Kinship/relative home
- ☐ Friend's home
- ☐ Adult boarding home
- ☐ Supported living
- ☐ Independent living program
- ☐ Group home
- ☐ Detention/Jail
- ☐ Hospital/MHI
- ☐ Residential treatment center
- ☐ Substance abuse treatment facility
- ☐ Adult correction facility
- ☐ Homeless/shelter
- ☐ Other: _____

3. CO-OCCURRING CONDITIONS

Identify the co-occurring conditions (*check all that apply*):

- ☐ 8. Mood Disorder
- ☐ 9. Anxiety Disorder
- ☐ 10. PTSD
- ☐ 11. Thought Disorder/Psychosis
- ☐ 12. ADD
- ☐ 13. Substance Abuse/Dependence
- ☐ 14. Personality Disorder
- ☐ 15. Learning Disorder
- ☐ 16. Autism
- ☐ 17. Mental Retardation:
- ☐ mild ☐ moderate
- ☐ severe ☐ profound
- ☐ 18. Other Develop. Disability: _____
- ☐ 19. Medical Problem: _____
- ☐ 20. Other: _____
- ☐ 21. None

4. DEMOGRAPHIC AND SERVICE INFORMATION

22. Person's Age

- ☐ 18-29 yrs
- ☐ 30-49 yrs
- ☐ 50-69 yrs
- ☐ 70+ yrs

24. Ethnicity

- ☐ Euro-American
- ☐ African-American
- ☐ Latino-American
- ☐ American Indian
- ☐ Asian-American
- ☐ Pacific Is. American
- ☐ Other: _____

25. Case Open

- ☐ 0-3 mos.
- ☐ 4-6 mos.
- ☐ 7-12 mos.
- ☐ 13-24 mos.
- ☐ 25-36 mos.
- ☐ 37-60 mos.
- ☐ 61+ mos.

26. Placement Changes

- ☐ None
- ☐ 1-2 placements
- ☐ 3-5 placements
- ☐ 6-9 placements
- ☐ 10+ placements

27a. Time Lapsed from

Referral to Services Rec.

- ☐ 0-10 days
- ☐ 11-20 days
- ☐ 21-40 days
- ☐ 41-60 days
- ☐ 61+ days
- ☐ UNK/UTD

28. Level of Care:

- ☐ 0. Basic services (prevention)
- ☐ 1. Recovery maintenance & health mgt.
- ☐ 2. Low intensity community-based services
- ☐ 3. High intensity community-based services
- ☐ 4. IL, SILP
- ☐ 5. Medically monitored residential services
- ☐ 6. SOF

23. Gender

- ☐ Male
- ☐ Female

27b. Length of Time Receiving Services _____

5. DEMOGRAPHIC AND SERVICE INFORMATION

29. Primary Daytime Activities: (*check all that apply*)

- ☐ Adult Ed./GED ☐ Volunteer job ☐ Partial hosp. program
- ☐ Voc. training/VR ☐ Sheltered job ☐ Psycho-social rehab.
- ☐ Comm. college ☐ Support. employ. ☐ Day treatment/activity prog.
- ☐ Vista/Job Corps ☐ Compet. employ. ☐ Jail activity
- ☐ Club house ☐ Street life ☐ Other: _____

30. Months with Current Provider: (*check only one item*)

- ☐ 0-3 mos. ☐ 10-12 mos. ☐ 19-36 mos.
- ☐ 4-6 mos. ☐ 13-18 mos. ☐ 37+ mos.
- ☐ 7-9 mos.

31. Number of Psychotropic Medications Prescribed: (*check only one item*)

- ☐ No psych meds ☐ 2 psych meds ☐ 4 psych meds
- ☐ 1 psych med ☐ 3 psych meds ☐ 5+ psych meds

32. Person's Global Assessment of Functioning Level: (*check only one item*)

[See CSR Adult Protocol, page 96 for Global Assessment of Functioning]

- ☐ GAF \leq 40 ☐ GAF 41-60 ☐ GAF \geq 61 ☐ Not available

Emergency (1-hour) & Urgent (24 hour) Responses in Past 30 Days:

33. No. Emergency Responses

- ☐ None ☐ 6-9
- ☐ 1-2 ☐ 10-19
- ☐ 3-5 ☐ 20+

34. No. Urgent Responses

- ☐ None ☐ 6-9
- ☐ 1-2 ☐ 10-19
- ☐ 3-5 ☐ 20+

6. DEMOGRAPHIC AND SERVICE INFORMATION

Special Procedures Used in Past 30 Days: (*check all that apply*)

- ☐ 35. Voluntary Time Out ☐ 42. Physical Restraint (hold, 4-point, cuffs)
- ☐ 36. Loss of Privileges via a Point & Level System ☐ 43. Emergency Medications
- ☐ 37. Disciplinary Consequences for Rule Violation ☐ 44. Medical Restraints
- ☐ 38. Room Restriction ☐ 45. 911 Emergency Call: EMS
- ☐ 39. Exclusionary Time Out ☐ 46. 911 Emergency Call: Police
- ☐ 40. Seclusion/Locked Room ☐ 47. Other: _____
- ☐ 41. Take-Down Procedure ☐ 48. NONE

49. Residential Placement in past 30 days, if different from current placement: (*check only one*)

- ☐ Kinship/Relative Home ☐ Residential Treatment Center
- ☐ Adult Boarding Home ☐ Hospital/Institution
- ☐ Supported Living Program ☐ Adult Correctional Facility/Jail
- ☐ Independent Living Program ☐ Not Applicable
- ☐ Group Home ☐ Other: _____

7. LENGTH OF TIME IN CURRENT LIVING ARRANGEMENT

50. Months in Current Living Arrangement: (*check only one item*)

- ☐ 0-3 mos. ☐ 10-12 mos. ☐ 19-36 mos.
- ☐ 4-6 mos. ☐ 13-18 mos. ☐ 37+ mos.
- ☐ 7-9 mos.

IN CONSUMER SERVICES REVIEW PROFILE - ADULT

Page 2: Person's Name: _____ Reviewer: _____ Date: ____/____/____

8. PERSON STATUS INDICATORS

| INDICATOR ZONES | IMPROVE | | REFINE | | MAINTAIN | | NA |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| <u>Community Living</u> | | | | | | | |
| 1a. Safety of the person | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1b. Safety of others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Income adequacy & control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Living arrangement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4a. Social network: composition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4b. Social network: recovery support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5a. Satisfaction: person | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Satisfaction: caregiver | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Physical/emotional Status</u> | | | | | | | |
| 6. Health/Physical well-being | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. Substance use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Mental health status | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <u>Meaningful Life Activities</u> | | | | | | | |
| 9. Voice & role in decisions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. Education/career | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Recovery activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OVERALL STATUS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

9. PERSON'S PROGRESS PATTERN

| Progress Indicator | Improve | | Refine | | Maint. | | NA |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| CHANGE OVER TIME | | | | | | | |
| 1. Psychiatric symptoms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Substance use impairment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Personal responsibilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Education/work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Recovery goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Risk reduction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Successful life adjustments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Improved social integration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Meaningful personal relationships | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. OVERALL PROGRESS PATTERN | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

10. SYSTEM/PRACTICE PERFORMANCE [90-DAY PATTERN]

| INDICATOR ZONES | IMPROVE | | REFINE | | MAINTAIN | | NA |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| <u>Planning Treatment & Support</u> | | | | | | | |
| 1. Engagement of the person | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2a. Teamwork: formation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2b. Teamwork: functioning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Assessment & understanding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Personal recovery goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Recovery planning | | | | | | | |
| a. symptom/SA reduction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. recovery relapse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. income/benefits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. sustainable living supports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. social integration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. transitions/adjustments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Providing Treatment & Support</u> | | | | | | | |
| 6. Resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. Intervention adequacy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. Urgent response | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Medication management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Seclusion/restraint | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Managing Treatment & Support</u> | | | | | | | |
| 11. Support for community integra. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Service coordination & continuity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13. Recovery plan adjustment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14. Culturally appropriate practice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OVERALL PRACTICE PERFORM. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

11. SIX-MONTH PROGNOSIS

Based on review findings, over the next six months the person's situation is likely to:

☐ Improve ☐ Continue—status quo ☐ Decline/deteriorate

12. REVIEW OUTCOME CATEGORY

(See Person's Overall Status and Overall Practice Performance):

☐ Outcome 1 ☐ Outcome 2 ☐ Outcome 3 ☐ Outcome 4
+ status, + perf - status, + perf + status, - perf - status, - perf